FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

PROCESSED
AUG 03 2005

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC US	E ONLY
Prefix	Serial
1	
DATE R	ECEIVED
1	

Name of Offering (check if this is an amendment	ent and name has changed, and indicate change)	112012
Pyxant Labs Inc.		11/9418
Filing Under (Check box(es) that apply):	504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment		_
	A. BASIC IDENTIFICATION DATA	· — · · · · · · · · · · · · · · · · · ·
	A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment	and name has changed, and indicate change.)	
Pyxant Labs Inc.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
4720 Forge Road, Suite 108, Colorado Sp	rings, CO 80907	(719) 593-1165
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Same as above		Same as abovę
Brief Description of Business Provider of bioanalytical chemistry suppo	ort to life science companies.	SECHAN
	partnership, already formed	ease specify): JUL 3 3 2005
Actual or Estimated Date of Incorporation or Organizat Jurisdiction of Incorporation or Organization: (Enter two		mated 273 SECTION

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

-ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promote: ✓ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Gaubatz, Maurice A. (Number and Street, City, State, Zip Code) Business or Residence Address 4720 Forge Road, Suite 108, Colorado Springs, CO 80907 Check Box(es) that Apply: Promotei Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Robaugh, David Business or Residence Address (Number and Street, City, State, Zip Code) 4720 Forge Road, Suite 108, Colorado Springs, CO 80907 Check Box(es) that Apply: Promotei Beneficial Owner Executive Officer ✓ Director General and/or Managing Partner Full Name (Last name first, if individual) Wetherbee, Ed Business or Residence Address (Number and Street, City, State, Zip Code) 2575 Park Lane, Suite 200, Lafayette, CO 80026 Check Box(es) that Apply: ■ Beneficial Owner Executive Officer □ Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Marcus, Boggs Business or Residence Address (Number and Street, City, State, Zip Code) 1735 Merchants Court, Suite 108, Colorado Springs, CO 80916 Check Box(es) that Apply: Promote Beneficial Owner Executive Officer ✓ Director General and/or Managing Partner Full Name (Last name first, if individual) Stull, Dean Business or Residence Address (Number and Street, City, State, Zip Code) 6225 Niwot Road, Suite 108, Longmont, CO 80503 Check Box(es) that Apply: Beneficial Owner Promote: Executive Officer ✓ Director General and/or Managing Partner Full Name (Last name first, if individual) Carruthers, Michael Business or Residence Address (Number and Street, City, State, Zip Code) 3200 Walnut Street, Boulder, CO 80301 Check Box(es) that Apply: Beneficial Owner Promotei Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) CVM Equity Fund V. Ltd., LLP Business or Residence Address (Number and Street, City, State, Zip Code) 2575 Park Lane, Suite 200, Lafayette, CO 80026

A. BASIC IDENTIFICATION DATA - II Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promote: ▼ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Gloriod, John A. Business or Residence Address (Number and Street, City, State, Zip Code) 1555 Napoli Way, Suite 108, Colorado Springs, CO 80906 Check Box(es) that Apply: Executive Officer Director General and/or Promote Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promotei Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promotei ■ Beneficial Owner Executive Officer ■ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promotei Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Check Box(es) that Apply: Beneficial Owner Promotei Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ■ Executive Officer Promotei Beneficial Owner Director General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

(Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual)

Business or Residence Address

B. INFORMATION ABOUT OFFERING	in like	10						
	Yes	No						
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		☑						
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?	\$ 2,0	000						
, , , , , , , , , , , , , , , , , , ,	Yes	No						
3. Does the offering permit joint ownership of a single unit?								
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.								
If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state								
or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such								
a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)								
Tuli Name (East hame first, if murridual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Name of Associated Broker or Dealer								
Control Million and Charles an								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		0						
(Check "All States" or check individual States)	All :	States						
AL AK AZ AR CA CO CT DE DC FL GA	HI	ID						
IL IN IA KS KY LA ME MD MA MI MN	MS	МО						
MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI	OR WY	PA PR						
Full Name (Last name first, if individual)								
ruii Name (Last name mist, ii moividuai)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Name of Associated Broker or Dealer								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers								
(Check "All States" or check individual States)	All :	States						
AL AK AZ AR CA CO CT DE DC FL GA	ĦΙ	lD						
IL IN IA KS KY LA ME MD MA MI MN	MS	MO						
MT NE NV NH NJ NM NY NC ND OH OK	OR	PA						
RI SC SD TN TX UT VT VA WA WV WI	WY	PR						
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Name of Associated Broker or Dealer								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers								
(Check "All States" or check individual States)	☐ All	States						
AL AK AZ AR CA CO CT DE DC FL GA	Hl	ID						
IL IN IA KS KY LA ME MD MA MI MN	MS	МО						
MT NE NV NH NJ NM NY NC ND OH OK	OR	PA						
RI SC SD TN TX UT VT VA WA WV WI	WY	PR						

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Pr		Am	ount Already Sold
	Debt	0		\$	0
	Equity	500,000)	\$	433,439
	☐ Common ☑ Preferred				
	Convertible Securities (including warrants)	0		\$	0
	Partnership Interests	o		\$	00
	Other (Specify)	0		\$	0
	Total		 J	\$	433,439
	Answer also in Appendix, Column 3, if filing under ULOE.			-	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Number Investors		Do	Aggregate Ilar Amount Purchases
	Accredited Investors	20		\$	433,439
	Non-accredited Investors	0		\$	0
	Total (for filings under Rule 504 only)	N/A		\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	Type of		Do	llar Amount
	Type of Offering	Security		D 0	Sold
	Rule 505	N/A		\$	N/A
	Regulation A	N/A		\$	N/A
	Rule 504	N/A		\$	N/A
	Total			\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees.		\checkmark	\$_	0
	Printing and Engraving Costs		V	\$	0
	Legal Fees.		\checkmark	\$_	7,000
	Accounting Fees		$\overline{\mathbf{v}}$	\$	0
	Engineering Fees		$\overline{\mathbf{A}}$	\$	0
	Sales Commissions (specify finders' fees separately)		abla	\$ _	0
	Other Expenses (identify) filing fees		\checkmark	\$	375
	Total			\$	7.375

2	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PRO	CEEDS		
	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C—Question 4.a. This difference is the "adjusted graphoceeds to the issuer."	oss		\$	492,625
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used each of the purposes shown. If the amount for any purpose is not known, furnish an estimate check the box to the left of the estimate. The total of the payments listed must equal the adjusted groceeds to the issuer set forth in response to Part C — Question 4.b above.	and			
			Payments to Officers, Directors, & Affiliates	Р	ayments to Others
	Salaries and fees	 \$	0	_ Ø \$.	0
	Purchase of real estate		0	_ • \$	0
	Purchase, rental or leasing and installation of machinery				- · · -
	and equipment			_ Ø \$.	0
	Construction or leasing of plant buildings and facilities	∑ \$	0	_ I \$.	0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[3]¢	0	☑ \$	0
	Repayment of indebtedness.			_ ₽ 3°.	0
	Working capital			_ ☑ \$. _ ☑\$.	492,625
	Other (specify):	डि.इ.		_ ☑\$	0
	Other (specify).	_ 1₹14		_ 🛂 " .	<u>_</u>
		_ 図\$	0	_ = \$.	0
	Column Totals	9 \$	0	_ Ø \$	492,625
	Total Payments Listed (column totals added)		፟ \$	492,625	<u>. </u>
4.	D. FEDERAL SIGNATURE			ie 2. 1	
	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this not nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Communications.				
	information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502				
lss	uer (Print or Type) Signature	Date			
	me of Signer (Print or Type) The of Signer (Print or Type) The of Signer (Print or Type)	July	<u>/ 15, 2005</u>		
١٧d	and of Signer (Finit of Type)				
Μa	aurice A. Gaubatz President and CEO				
		_	-		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification See Appendix, Column 5, for state response. 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on ID (17 CFR 239.500) at such times as required by state law. 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by issuer to offerees. 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uni Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availat of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersiduly authorized person. Issuer (Print or Type) Pyxant Labs Inc. Name (Print or Type) Provident and CSUNDATA Provi	Section 2		E. STATE SIGNATURE	
 The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on In D (17 CFR 239.500) at such times as required by state law. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by issuer to offerees. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Unit Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the available of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersiduly authorized person. Issuer (Print or Type) Pyxant Labs Inc. Title (Print or Type) 	1.	* * *		<u> </u>
 D (17 CFR 239.500) at such times as required by state law. 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by issuer to offerees. 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uni Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the available of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the understands understands that the issuer claiming the available of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the understands that the issuer claiming the available of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the understands that the issuer claiming the available of this exemption has the interest of the understands that the issuer claiming the available of this exemption has the interest of the understands that the issuer is familiar with the conditions that must be satisfied to be entitled to the Unit Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the available of this exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the available of this exemption (ULOE) of the state in which this notice is filed and understands that the issuer is familiar with the conditions that the issuer is familiar w			See Appendix, Column 5, for state response.	
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uni Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the available of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersiduly authorized person. Issuer (Print or Type) Pyxant Labs Inc. Title (Print or Type) Title (Print or Type)	2.		·	s notice is filed, a notice on Form
Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the available of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersided person. Issuer (Print or Type) Pyxant Labs Inc. Name (Print or Type) Title (Print or Type) Title (Print or Type)	3.		dertakes to furnish to the state administrators, upon written reque	est, information furnished by the
duly authorized person. Issuer (Print or Type) Pyxant Labs Inc. Name (Print or Type) Title (Print or Type) Date July 15, 2005	4.	Limited Offering Exemption (ULO	E) of the state in which this notice is filed and understands that the	
Pyxant Labs Inc. Name (Print or Type) July 15, 2005 Title (Print or Type)			ws the contents to be true and has duly caused this notice to be signe	d on its behalf by the undersigned
Name (Print or Type) Title (Print or Type)	Issuer (Print or Type)		
	Pyxan	t Labs Inc.	July 1	5, 2005
Maurice A Coulate	Name (Print or Type)	Title (Print or Type)	
Widulice A. Gaupatz President and CEO	Mauri	ce A. Gaubatz	President and CEO	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APP	ENDIX				
1		2	3			4	<u> </u>		5
			Tours of security.						lification
	Intend	to sell	Type of security and aggregate						ate ULOE, attach
		ccredited	offering price	i	Type o	f investor and			ation of
	i e	s in State	offered in State	<u>.</u>		urchased in State			granted)
		3-Item1)	(Part C-Item1)		(Part C-Item 2)				-Item 1)
				Number of		Number of	<u> </u>		
			Equity	Accredited		Non-Accredited			1
State	Yes	No	Securities	Investors	Amount	Investors	Amount	Yes	No
AL									
AK									
AZ									
AR					 				
CA		Х	\$500,000	1	\$10,000	0	\$0	<u></u>	X
СО		х	\$500,000	16	\$393,439	0	\$0	ļ 	х
СТ									
DE					<u> </u>				
DC					i				
FL		Х	\$500,000	1	\$12,500	0	\$0		х
GA							_		
ні	i								
ID									
IL								 	
IN									
IA								<u> </u>	
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									

***				APP	ENDIX	St.			
1		2	3			4		1	5
			T						ification
	74	الدر مدا	Type of security						ate ULOE
		to sell accredited	and aggregate offering price		Timo	f investor and			, attach
1		rs in State	offered in State			f investor and urchased in State			ation of granted)
		3 in otate B-Item1)	(Part C-Item1)		(Part C-Item 2)				-Item 1)
	((======================================	Number of	(=	Number of			
			Equity	Accredited		Non-Accredited			
State	Yes	No	Securities	Investors	Amount	Investors	Amount	Yes	No
МО									
МТ									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
ОН									
OK									
OR									
PA									
RI								:	
SC									
SD									
TN									
TX		х	\$500,000	1	\$2,500	0	\$0		х
UT									
VT									
VA									
WA									
WV							-		
WI									

				APP)	ENDIX	in the second se		i di de la constanti di	
1		2	3			4			5
1								Disqual	ification
			Type of security					under Sta	ate ULOE
	Intend	l to sell	and aggregate	j				(if yes	, attach
	to non-a	ccredited	offering price		Type o	f investor and		explan	ation of
	investor	s in State	offered in State		amount pi	urchased in State		waiver	granted)
	(Part B	3-Item1)	(Part C-Item1)		(Par	t C-Item 2)		(Part E	-Item 1)
				Number of		Number of			
			Equity	Accredited		Non-Accredited		ļ	
State	Yes	No_	Securities	Investors	Amount	Investors	Amount	Yes	No
WY									
PR		_							

In addition to the above amounts, a non-U.S. investor purchased securities in the amount of \$15,000.